

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Reidsville  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

12024

Registration District No. X 0000 Registered No. 5  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mildred Dixon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Jan 23, 23  
 (Time of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Urchis Dixon  
 (9) PRESENT POSTOFFICE OF FATHER W. Ugar d S  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23  
 (12) BIRTHPLACE Spartanburg S  
 (13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Fessie Henderson  
 (15) PRESENT POSTOFFICE OF MOTHER W. Ugar d S  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
 (18) BIRTHPLACE Spartanburg S  
 (19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth One (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was white at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) A. H. H. H.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife 400 E. 1st St.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed Feb 1, 23

(27)

Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.